

# Missouri Division of Workers' Compensation On Our Way To The Future

**Department of Labor**  
*and*  
**Industrial Relations**

What We Found  
Where We Are Going

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Missouri Division of Workers' Compensation



# Agenda

- ▣ What we found
- ▣ What we want
- ▣ Where are we going
- ▣ WC Modernization
- ▣ Timelines
- ▣ Partnership with our Stakeholders



# What we Found

- ▣ Manually Intensive Processes
- ▣ Too Much Paper
- ▣ Other Issues
- ▣ Redundancies
- ▣ Weak Reporting Capabilities
- ▣ Cheat Sheets/Spreadsheets/Sticky Notes
- ▣ Integrity Issues
- ▣ Lack of Integration
- ▣ Unstructured Communication





# Manually Intensive Processes

Claim for Compensation

Answer to Claim

Medical Fee Dispute

Attorney Appearance

Attorney Withdrawal

Attorney Lien

Request a Docket

Request copies of files

Request Transcripts

Rehab Facility certification

Second Injury Fund Surcharge Payment



Self Insurance Annual Reports

**SECOND INJURY FUND CLAIM: IF YOU ARE NOT FILING A CLAIM AGAINST THE SECOND INJURY, CHECK THE FOLLOWING:**

- ☐ PERMANENT PARTIAL DISABILITY  
☐ PERMANENT TOTAL DISABILITY

11A. IF YOU ARE FILING A CLAIM AGAINST THE SECOND INJURY, PROVIDE THE FOLLOWING INFORMATION, IF AVAILABLE:

DATE OF PREVIOUS INJURY/DISEASE

☐ UN  
☐ SEX



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
P.O. Box 58  
Jefferson City, MO 65102-0058

**CLAIM FOR COMPENSATION**

NOTE: This form must be completed in its entirety and must be typed or hand printed in **black ink**.  
SUBMIT AN ORIGINAL AND THREE COPIES.  
Please read instructions before completing this form.

INJURY NUMBER

☐ ORIGINAL CLAIM

☐ AMENDED CLAIM

☐ SECOND INJURY FUND ONLY

ITEM NUMBER(S) AMENDED

**EMPLOYEE INFORMATION**

1. INJURED EMPLOYEE'S NAME  
LAST FIRST

1B. CITY

1C. STATE

1D. ZIP CODE

1A. MAILING ADDRESS (ALSO INCLUDE STREET ADDRESS)

4. AVERAGE WEEKLY WAGE

5. TIME OF ACCIDENT  
☐ A.M.  
☐ P.M.

1D. ZIP CODE

2. SOCIAL SECURITY NO.

3. DATE OF ACCIDENT OR OCCUPATIONAL DISEASE

7. PART(S) OF BODY INJURED

8. DESCRIBE WHAT THE EMPLOYEE WAS DOING AND HOW THE INJURY OCCURRED.

**EMPLOYER INFORMATION**

9. EMPLOYER(S) AGAINST WHOM THIS CLAIM IS FILED. THIS IS THE EMPLOYER IN WHOSE EMPLOYMENT THE INJURY OR OCCUPATIONAL DISEASE OCCURRED. FOR SECOND JOB WAGE LOSS BENEFITS LIST EMPLOYER SEPARATELY IN BOX 10.

EMPLOYER A:

EMPLOYER B:

EMPLOYER C:

CITY

MAILING ADDRESS

STATE

ZIP CODE

CITY

MAILING ADDRESS

STATE

ZIP CODE

CITY

MAILING ADDRESS

STATE

ZIP CODE

10. ADDITIONAL STATEMENTS

DIVISION USE ONLY

**SECOND JOB WAGE LOSS:**

12. IF YOU ARE FILING A CLAIM AGAINST THE SECOND INJURY, PROVIDE THE FOLLOWING INFORMATION, IF AVAILABLE:

13. DID INJURY RESULT IN DEATH? ☐ YES ☐ NO  
IF YOU NEED TO LIST DEPENDENTS IN ADDITION TO THESE LISTED, EMPLOYEE'S DEPENDENTS (SPOUSE, MINOR CHILDREN, ETC.)

14. NAME  
MAILING ADDRESS  
CITY  
DATE OF BIRTH

14A. NAME  
MAILING ADDRESS  
CITY  
DATE OF BIRTH

14B. NAME  
MAILING ADDRESS  
CITY  
DATE OF BIRTH

CLAIM IS HEREBY MADE FOR ALL COMPENSATION AS PROVIDED (OR DEATH) OF THE EMPLOYEE BY ACCIDENT ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT.

15. INJURED EMPLOYEE OR CLAIMANT'S SIGNATURE

18. ATTORNEY SIGNATURE

18A. ATTORNEY PHONE NUMBER

19. ATTORNEY MAILING ADDRESS

19A. ATTORNEY FAX NUMBER

LINES 15 & 18 MUST BE SURE

WC-21

BE SURE

# Manually Intensive Processes

## Claim For Compensation



Attorney / Claimant fills out the claim form and drops it in the mailbox





# Manually Intensive Processes

## Claim For Compensation



US Post office picks up / processes



# Manually Intensive Processes

## Claim For Compensation

US Post office delivers to Dept. of Labor  
Workers' Comp Opens the Mail





# Manually Intensive Processes

## Claim For Compensation

DWC staff Sorts and Date  
Stamps all mail

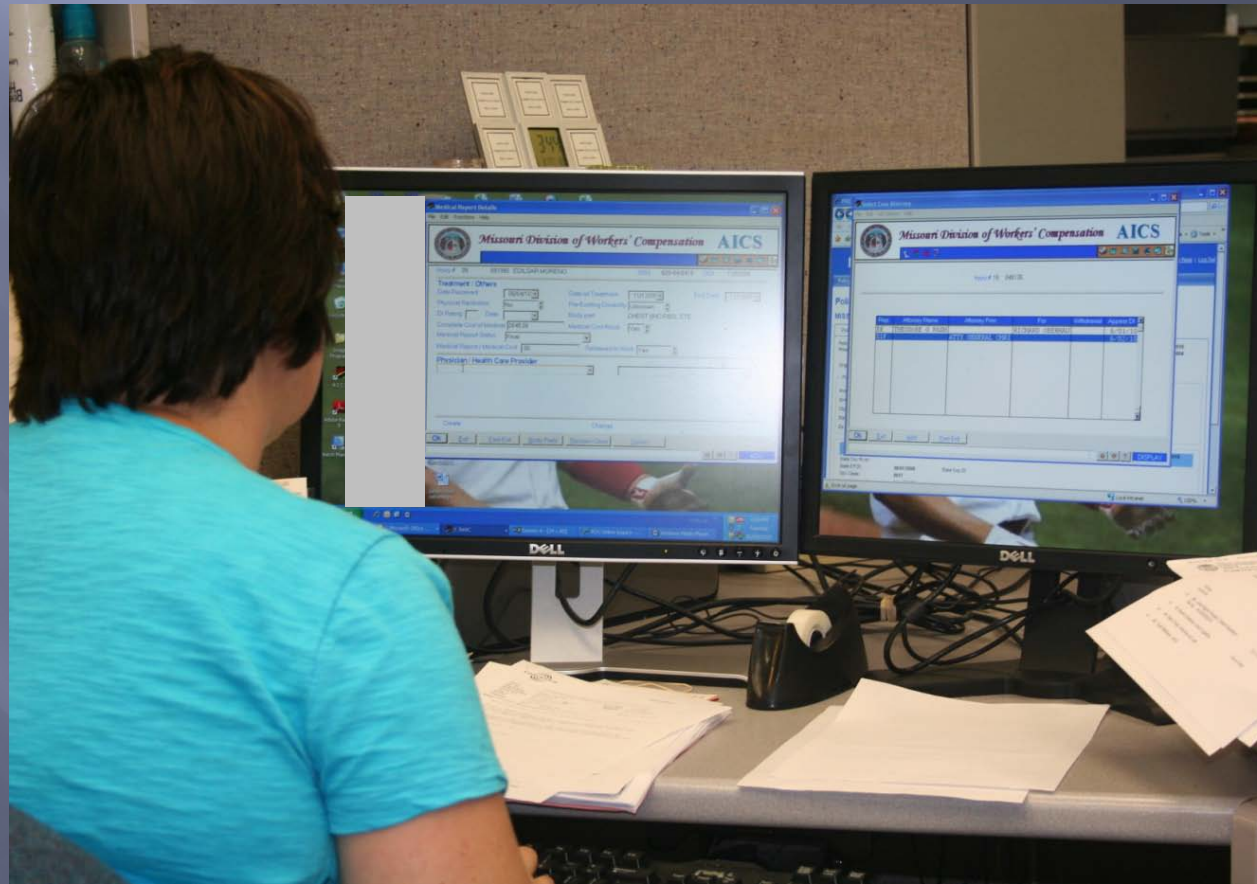


# Manually Intensive Processes

## Claim For Compensation



DWC Staff Enters the  
Claim into system





# Manually Intensive Processes

## Claim For Compensation

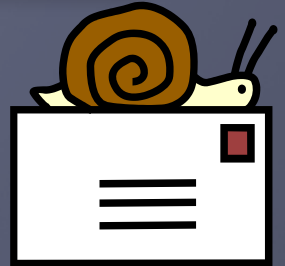
System prints the Claim Acknowledgment  
Claim Tech attaches a copy of the claim  
Manually stuffs the envelope, drops  
into mail





# Manually Intensive Processes

Claim For Compensation



US Post Office picks  
up mail/ delivers  
mail



# Manually Intensive Processes

## Claim For Compensation



Party receives Claim  
Acknowledgment





MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION  
3315 West Truman Blvd., P.O. Box 58  
Jefferson City, MO 65102-0058

**ANSWER TO CLAIM FOR  
COMPENSATION**

**INJURY NUMBER**

☐ Original ☐ Amended

+

-

NOTE: Pursuant to 8 CSR 50-2.010 (8) (A), the Answer must be filed within thirty (30) days from the date the Division acknowledges receipt of the claim. Please submit one original for the Division, one copy for the claimant and one copy for claimant's attorney.

**Please read instructions before completing this form.**

Item Number(s) Amended

1. Injured Employee/Claimant's Name

1.B. Mailing Address

2. Name of Employer or Self-Insured Employer

2.A. Mailing Address

1.C. City

1.A. Social Security No.

1.D. State

1.E. Zip Code

3. Name of Insurance Carrier or Self-Insured Group/Trust

3.A. Mailing Address

2.B. City

2.C. State

2.D. Zip Code

4. Name of Claims Administrator or Third Party Administrator

4.A. Mailing Address

3.B. City

3.C. State

3.D. Zip Code

5. Telephone Number of the Insurance Carrier

4.B. City

4.C. State

4.D. Zip Code

6. Date of accident/occupational disease.

8. Name all authorized providers of medical aid:

Telephone Number of Claims Administrator or Third Party Administrator

7. Has the employer/insurer obtained a rating of permanent disability?  
☐ Yes ☐ No

9. All of the statements or allegations in the claim for compensation are admitted except the following:  
Please describe below each statement or allegation in the claim for compensation that is being disputed, the reason why it is being disputed, the facts in regard thereto. Please list all affirmative defenses. If needed, attach sheet with additional information.



# Manually Intensive Processes

## Answer to Claim



# Manually Intensive Processes

# of Days for Stakeholder to conduct business tasks with the Division of Workers' Compensation

- ▣ Claim for Compensation – 8 days
- ▣ Answer to Claim – 8 days
- ▣ Health Care Provider Case Status Request – 7 days
- ▣ Medical Fee Dispute – 7 days
- ▣ Attorney Appearances / Withdrawals – 4-5 days
- ▣ Request a Docket Setting – 4-5 days





# What we Found

Too Much  
Paper

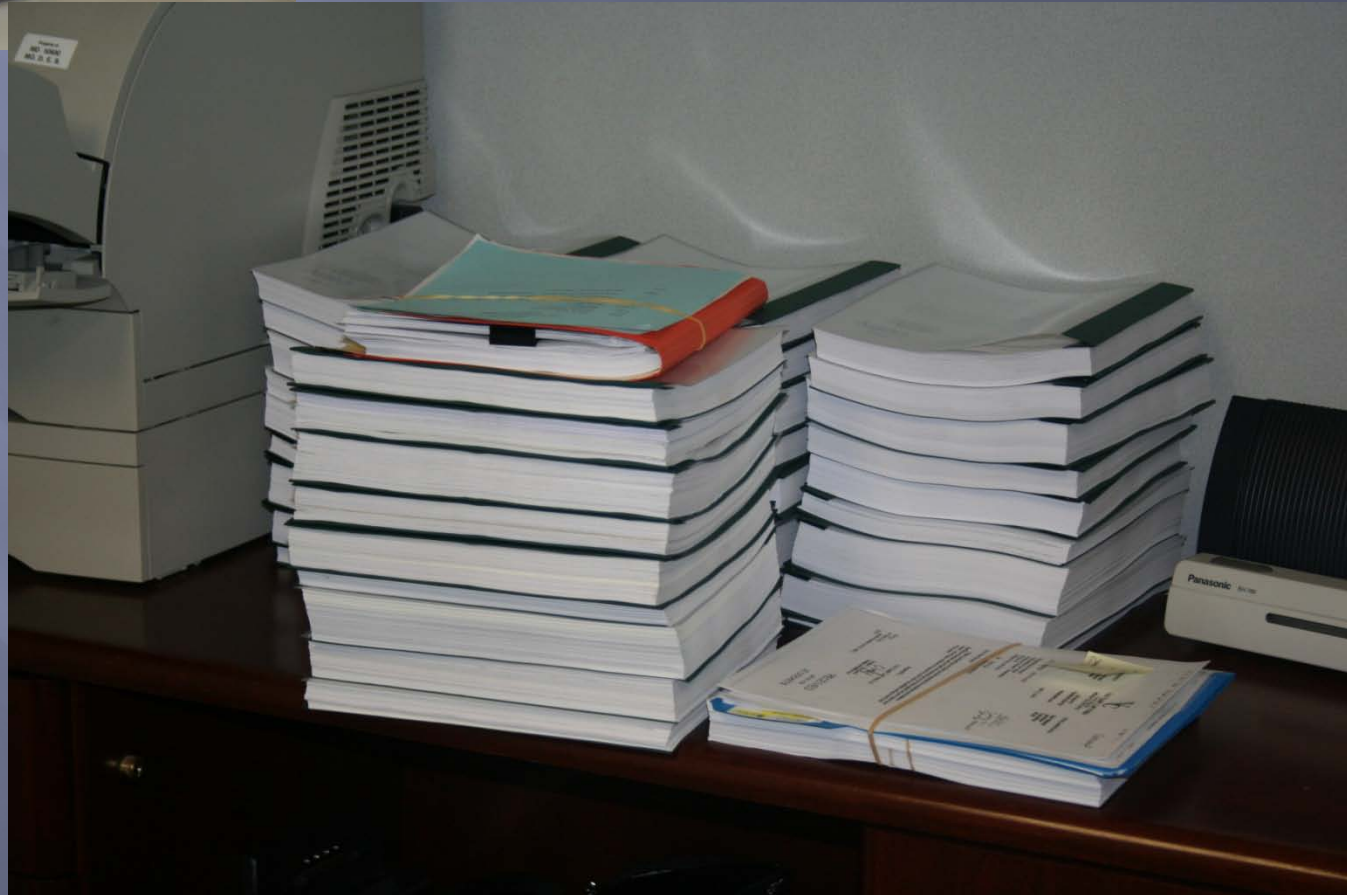




# Too Much Paper

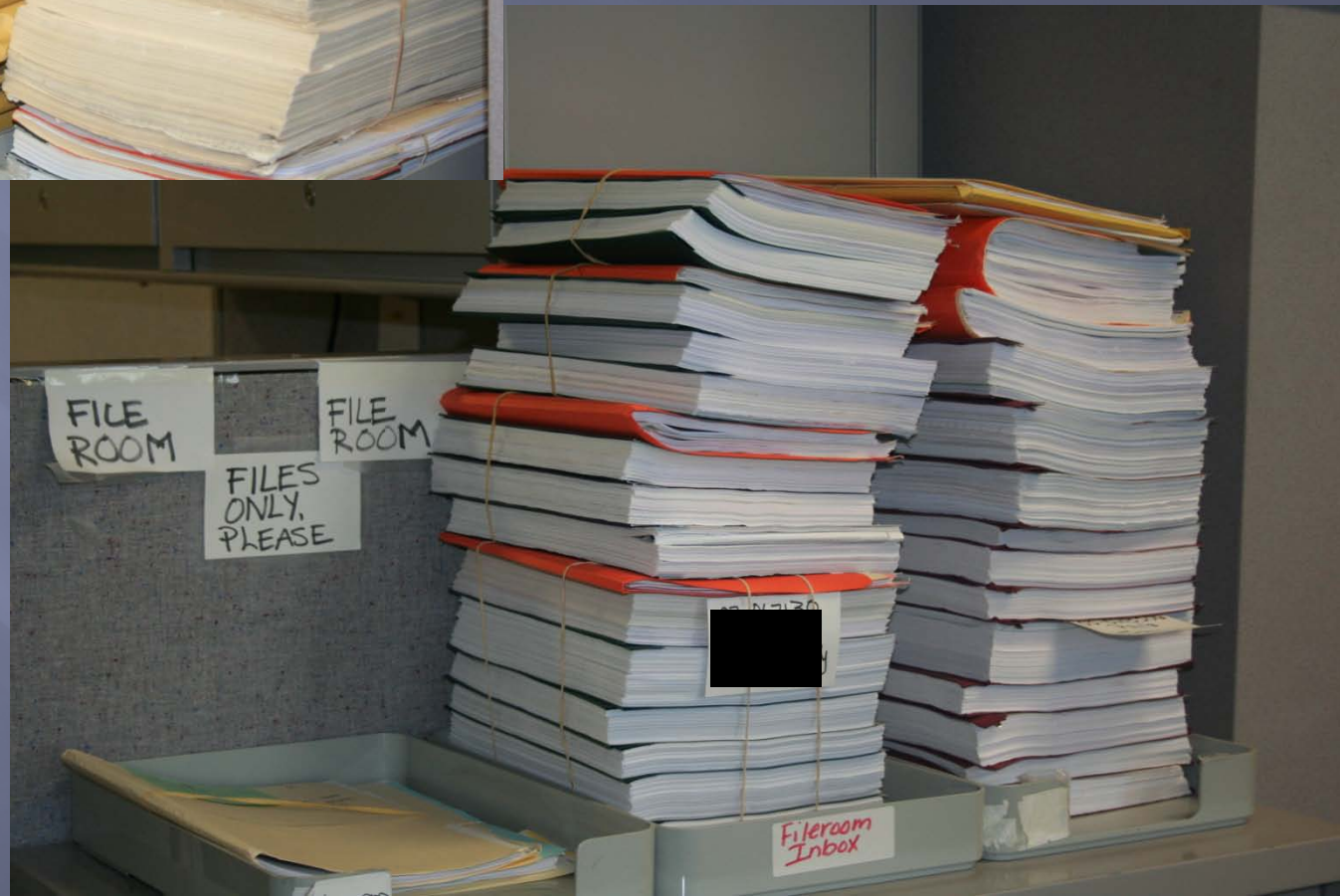


# Too Much Paper





# Too Much Paper

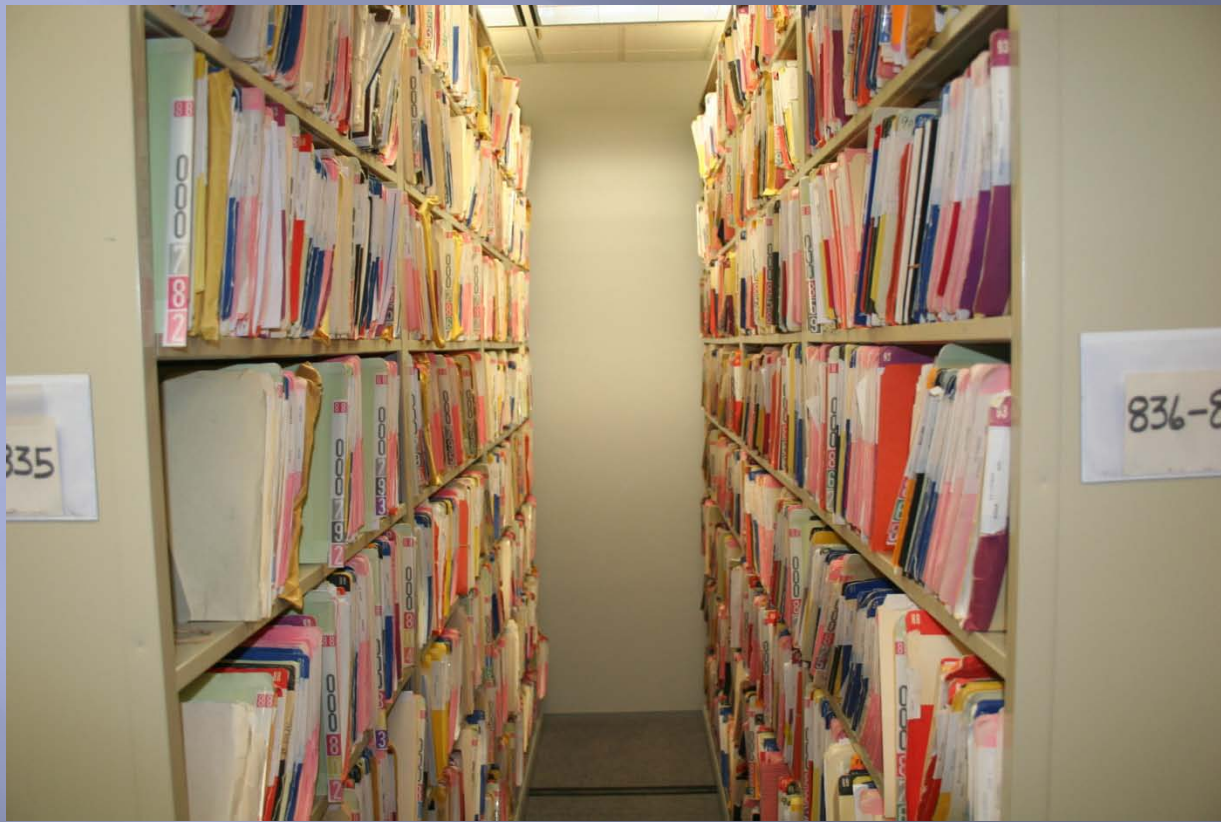






DWC File Room

# DWC File Room





# DWC File Room

A photograph of a file room with tall metal shelving units filled with numerous cardboard boxes. The boxes are labeled with various identifiers, including "91", "11", "9", "SM-951008 300 18# BLK", and "CUMMINS, Raymond". The room has a drop ceiling with fluorescent lights and a desk area is visible in the background.



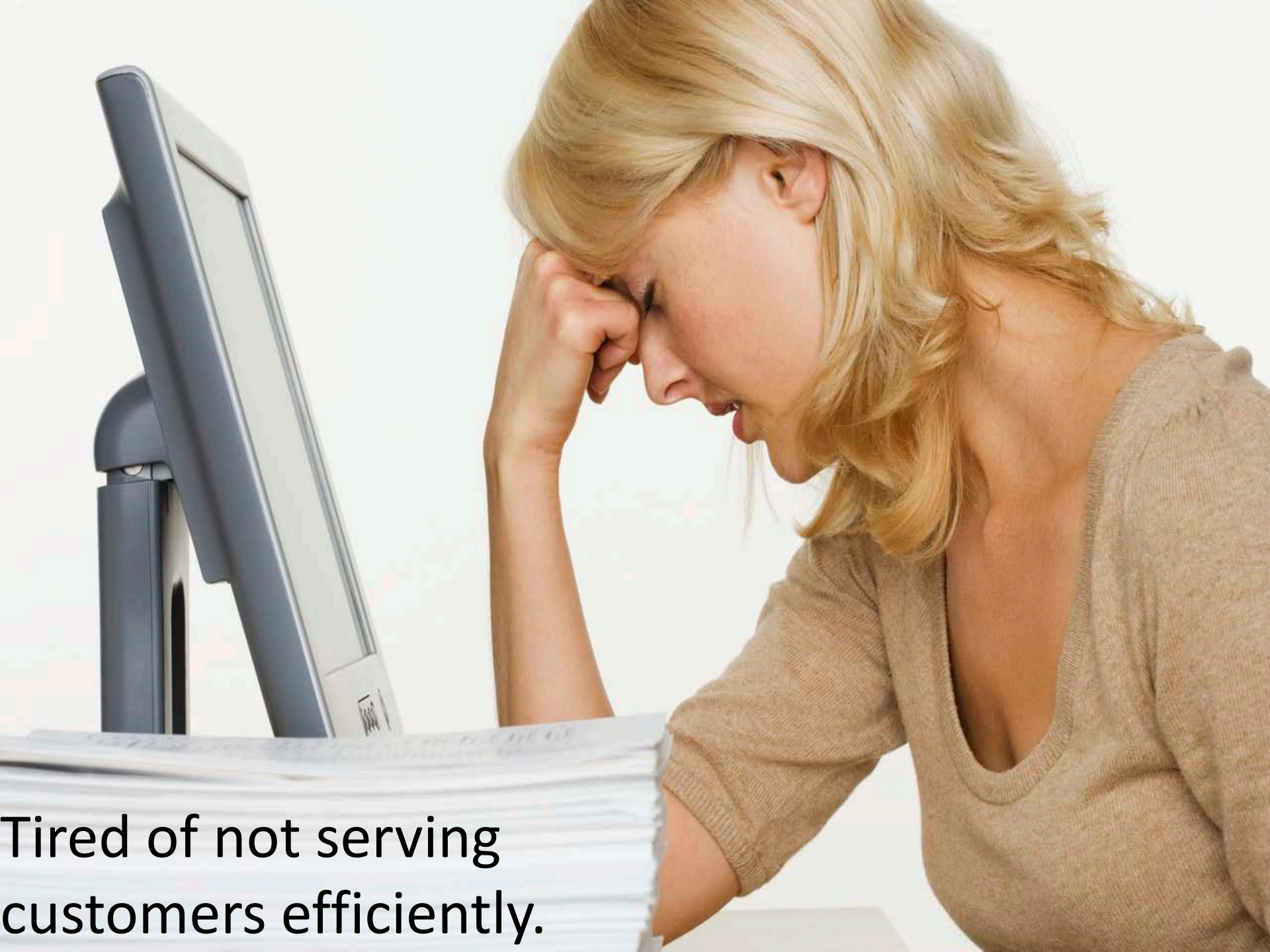
# Too Much Paper



# Other Issues

- ▣ New/Updated Business Rules
- ▣ Technology Needs
  - eGovernment
  - Provide customers ability to do business on the Web and electronically
- ▣ Economy





Tired of not serving  
customers efficiently.

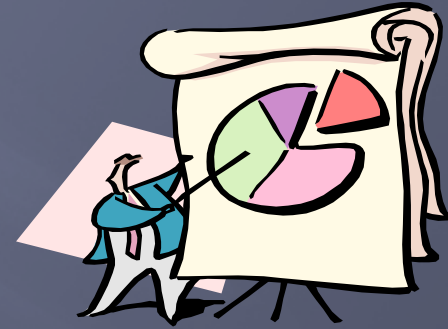


# Redundancies

- ▣ DWC staff enters the same information multiple times in order to support multiple business areas of DWC.
- ▣ For example, the information is entered into AICS, and again in Spreadsheets.
- ▣ Make paper copies of documents that are in the image system.
- ▣ Make paper files of imaged documents.

# Weak Reporting Capabilities

- ▣ Difficult to report trends



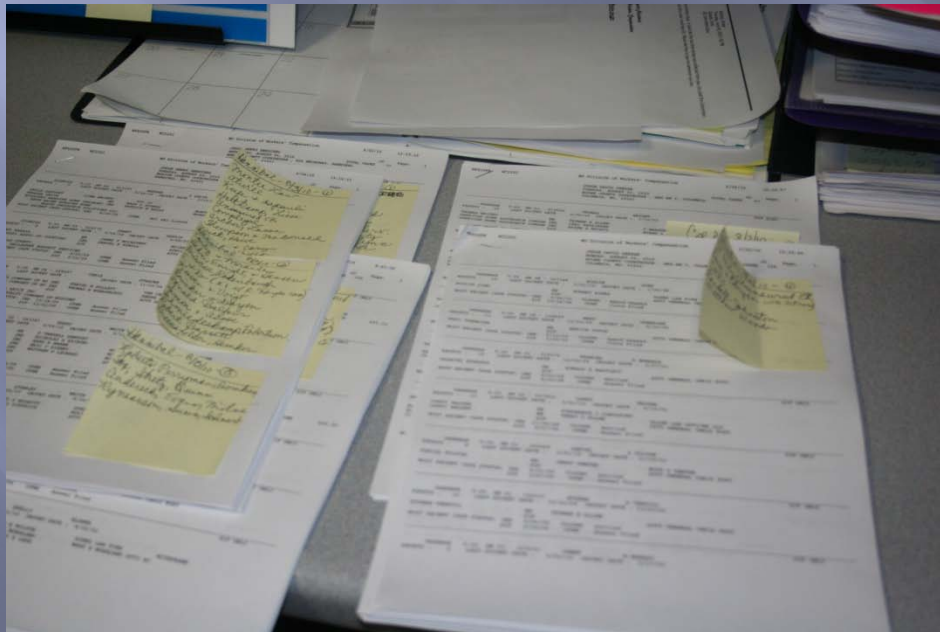
- Lack of performance statistics
- Inadequate data quality

- Little information provided to external stakeholders



# Cheat Sheets / Spreadsheets / Sticky Notes

- ❑ The current system does not address all of the Division's needs.





# Integrity Issues

- ▣ Lack of quality control has led to data integrity issues.
- ▣ Lack of continuous training has led to inconsistent data quality.

# Lack of Integration

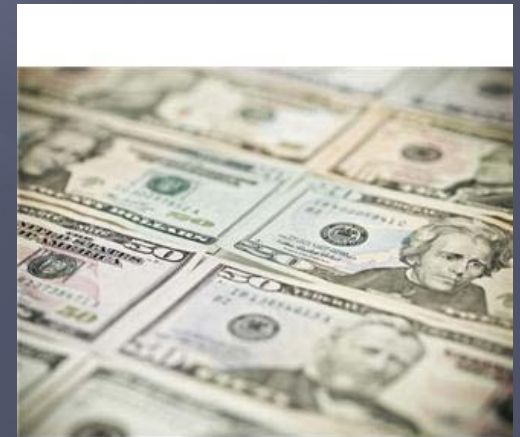
- ❑ DWC logs onto numerous websites to verify information before it is entered into AICS causing delays in completing the data entry into AICS.
- ❑ Examples are NCCI, Office of the Secretary of State, Missouri Bar Association, Social Security Administration, Dept. of Labor, etc.





# Lack of Integration

- ❑ Spreadsheets, PC Databases and disconnected systems prevents DWC from having a fully integrated system.
- ❑ The lack of integration coupled with manual and paper driven business processes slow case processing and increases costs.



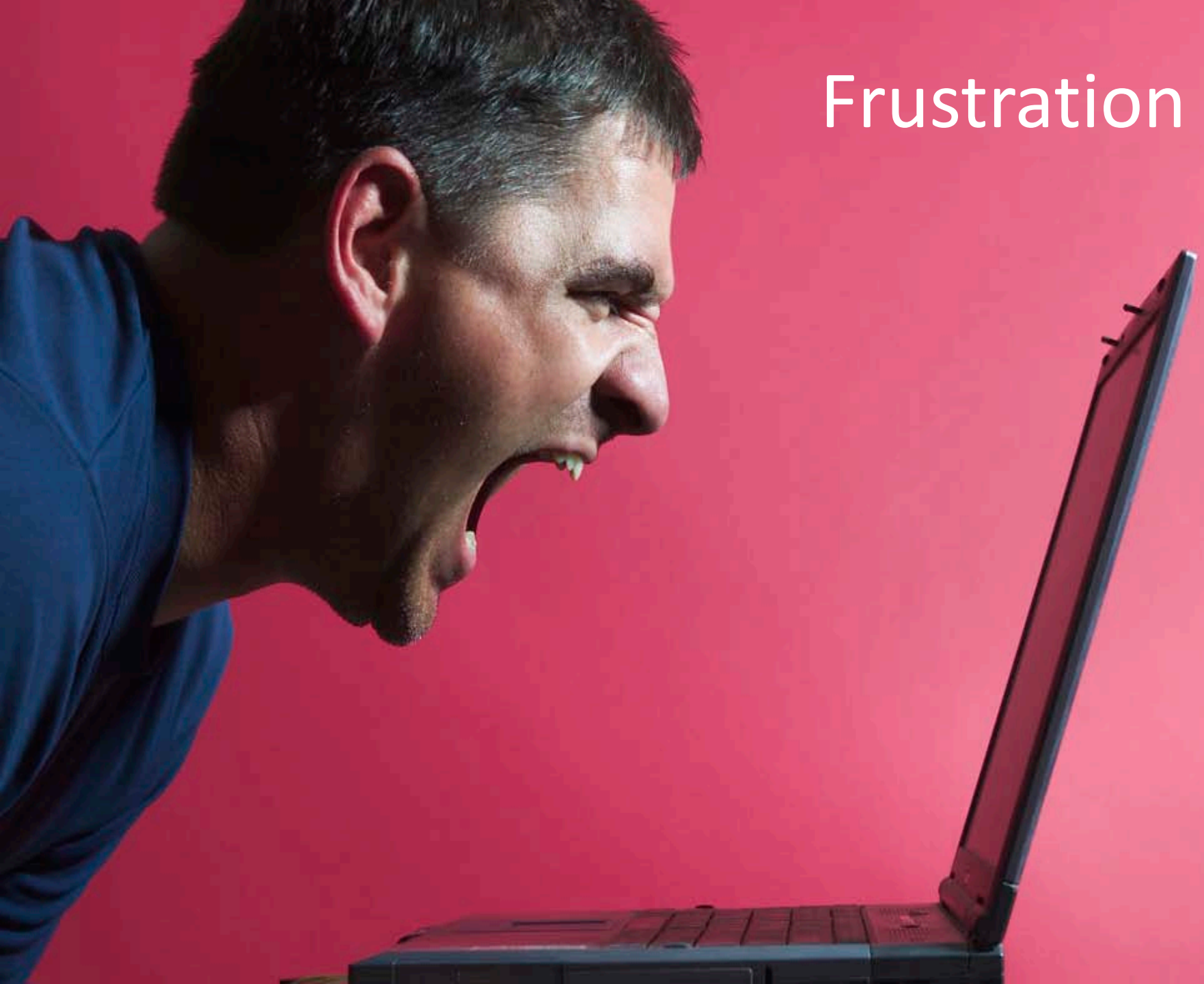


# Unstructured Communications

- ▣ There is no structured way to communicate with Insurers, Employers, Health Care Providers, Rehab Facilities, or Attorneys as a whole unless a mass mailing is done.
- ▣ Email address is only maintained for limited sets of stakeholders.
- ▣ DWC needs a better way to easily communicate with their customers



# Frustration



# What We Want

- ▣ Provide better services to our customers
- ▣ Efficiency Gains
- ▣ Highly automated business processes
- ▣ Fully Integrated System
- ▣ Less Paper
- ▣ Consistent and Quality Communication





# What We Want

## Provide better services to our customers

- ▣ Provide online services 24 hours a day
- ▣ Provide acknowledgment of services quicker



- ▣ Provide information to external stakeholders to help them more easily conduct business with DWC

# What We Want

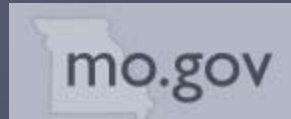
## Efficiency Gains

- ▣ Reduce DWC staff time in half to process Claims, Answers, MFD Applications, etc.
- ▣ Provide acknowledgement to external stakeholders quicker
- ▣ Reduce time to verify information with external entities

# What We Want

## Highly automated business processes

- ▣ Provide external stakeholders online services
- ▣ Automatic verification of information
- ▣ Electronic workflow for incoming paper
- ▣ Provide external stakeholders the ability to make payments electronically to DWC



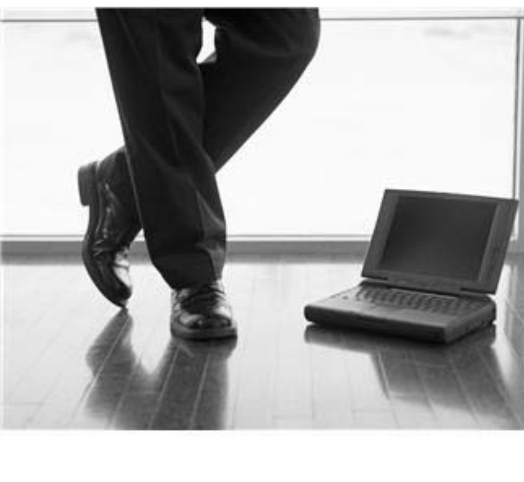


# What We Want

## Fully Integrated System

- ▣ Single sign-on system for both internal and external users
- ▣ All electronic documents available from within the system as opposed to logging into a separate imaging system.





# What We Want

## Fully Integrated System

- ▣ Data verifications to be provided within the system as opposed to logging into other websites to verify data.
- ▣ Allow Administrative Law Judges to access all data at remote docket sites.



# What We Want

## Less Paper



- ▣ Correspond with external stakeholders electronically rather than printing paper letters.

- ▣ Eliminate the need of Spreadsheets and PC databases by keeping all information within the system.





# What We Want

## Less Paper



- ▣ Store all information and documents electronically instead of storing large paper files.





A scenic landscape featuring a two-lane asphalt road that curves through a lush green valley. The road is flanked by dense vegetation and trees. In the background, rolling hills and mountains are visible under a dramatic, orange-hued sky at sunset or sunrise. The overall mood is contemplative and hopeful.

Where are we going?



# **Workers' Compensation Modernization Project (WCMOD)**



# Timeline



- ▣ Estimated Project Start Date = Summer, 2010
- ▣ Phased Implementation, with first phase being installed 18 months after the Start Date.



# Manually Intensive Processes

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# Online Services Manually Intensive Processes

Claim for Compensation

Answer to Claim

Medical Fee Dispute

Attorney Appearance

Attorney Withdrawal

Request a Docket

Request copies of files

Request Transcripts

Rehab Facility certification

Second Injury Fund Surcharge Payment

Self Insurance Annual Reports





# Where we are going

## ATTORNEYS



- ▣ Submit Claims through an online service
- ▣ Acknowledgment sent 75% quicker
- ▣ Request Docket Settings online
- ▣ File an entry of appearance / withdrawal online
- ▣ File an attorney lien online
- ▣ Check Docket schedule
- ▣ Request File Copies
- ▣ Request a Transcript
- ▣ Check status of a case



# Where we are going



## HEALTH CARE PROVIDERS

- ▣ Health Care Provider Case Status Request information given back electronically
- ▣ File Medical Fee Dispute (MFD) Application online
- ▣ Check the status of an MFD.
- ▣ Apply to be a certified Rehab Facility
- ▣ Certify medical treatments



# Where we are going

**INSURANCE COMPANY /  
CLAIMS ADMINISTRATOR**





# Where we are going

**INSURANCE COMPANY /  
CLAIMS ADMINISTRATOR**

## EDI CLAIMS RELEASE 3.0

- ▣ Provides expanded reporting for First Report of Injury
- ▣ Provides reporting for Subsequent Report of Injury
- ▣ Eliminates most paper reporting to DWC
- ▣ Provides an industry standard product to better serve DWC customers

# Where we are going

## **INSURANCE COMPANY / CLAIMS ADMINISTRATOR**

### EDI CLAIMS RELEASE 3.0

- ▣ Develop early in the WCMOD project
- ▣ Publish Missouri Implementation Guide by September, 2010
- ▣ Attend IAIABC Release 3 Training in Kansas City October 18 – 20, 2010
- ▣ Pick up a Fact Sheet at the DWC Exhibit Booth for more information

# Where we are going



## **INSURANCE COMPANY / CLAIMS ADMINISTRATOR**

- ▣ Submit Answer to Claim through an online service
- ▣ Reduce Answer to Claim processing from 8 days to 2
- ▣ Send subsequent information to DWC electronically
- ▣ Check status of a Case online
- ▣ Check status of an EDI Transaction online
- ▣ Submit an electronic SIF Surcharge payment online



# Where we are going

## **Self Insurer**

- ▣ File Self-Insurance applications online
- ▣ File annual reports online
- ▣ Manage Trust members online

# Where we are going

## **Stakeholder**

- ▣ All individuals and companies doing business with the Division will be required to register online
- ▣ You will provide and maintain your contact information
- ▣ You will receive a User ID and maintain your own password

# Where we are going

<http://www>

## **Stakeholder Benefits**

- ▣ Efficient Processes
- ▣ Secure 24x7 Online Access via the Web
- ▣ Electronic Notification
- ▣ Online Help
- ▣ Timely access to accurate performance measurements for the entity
- ▣ Customer Support Center





# Where we are going

## **Stakeholder Benefits**

- ▣ Provide stakeholder communication via telephone, email and website
- ▣ Provide greater accountability to our customers with electronic dashboards
- ▣ Provide a Knowledge Base and User Forum
- ▣ Provide customized reports to stakeholders



# What will I need to conduct business with DWC?

1. Internet Access
2. Register to obtain a User ID

## Who needs to register?

Attorneys

Health Care Providers

Insurance Companies

Employers

Self Insurers . . . . .



# Where we are going

http://www

## **Partnership with Stakeholders**

- ▣ Follow the status of the Workers' Compensation Modernization Project at: [www.labor.mo.gov/DWC](http://www.labor.mo.gov/DWC)
- ▣ Questions and concerns can be directed to [DWCAutomationTeam@labor.mo.gov](mailto:DWCAutomationTeam@labor.mo.gov)
- ▣ As the project continues, DWC will be looking for stakeholders to serve as pilots.



# Questions?

